



MENOMINEE INDIAN TRIBE OF WISCONSIN

P.O. Box 910

Keshena, WI 54135-0910

REQUEST FOR REISSUANCE OF MONETARY DISTRIBUTION

and

AFFIDAVIT IN SUPPORT

I, _____, am requesting the Menominee Tribal Enrollment reissue a Monetary Distribution Check to me and I state under oath upon personal knowledge or upon information and belief the following:

1. That my current mailing address is: _____

2. That my tribal enrollment number is: _____

3. That my date of birth is: _____

4. That my Social Security Number is: _____

5. That I cannot cash the original Monetary Distribution Check because:

☐ I never received it; ☐ I lost the check; ☐ the check was stolen, ☐ other

Explain: _____

6. That I understand and agree that if I am issued a replacement check that I will not cash or attempt to cash the original check, or allow third parties to do so.

7. That I understand and agree that if I am issued a replacement check I will return the original un-cashed check to the Enrollment Department, if later found.

8. That I understand that I will be liable for all cost and liabilities related to the Tribe making a Stop Payment request for the original Monetary Distribution Check, and reissuance of the replacement check. *I authorized the stop payment fee charged by the bank to be deducted from the replacement check.*

9. That I understand that if I am untruthful regarding this affidavit, or if I act alone or in concert with other individuals to attempt to receive for myself or others money from the Menominee Tribe that I am not entitled to, the Tribe may take any and all criminal and civil action available to it.

Affiant

Subscribed and Sworn to Before Me

This ____ day of _____, 20__

Notary Public

My Commission Expires _____